

MidCentral District Health Board

Community & Public Health Advisory Committee Meeting

Minutes of meeting held on Tuesday 1 December 2009 in the Board Room of Board Office, Gate 2B Heretaunga Street, Palmerston North

The meeting commenced at 1.00pm

PRESENT:

- Diane Anderson (Chair)
- Dennis Emery (Deputy Chair)
- Graeme Campbell
- Phil Sunderland
- Ann Chapman (ex officio)
- Ian Wilson (ex officio)
- Linda Gray
- Charmaine Hamilton

Unconfirmed Minutes

IN ATTENDANCE:

- Murray Georgel, Chief Executive Officer
- Mike Grant, General Manager, Funding / Acting General Manager, Corporate Services
- Rebecca Bensemman, Committee Secretary

OTHER:

- Board: (1)
- Staff: (16)
- Public: (0)
- Media: (1)

1. APOLOGIES

There were none.

2. NOTIFICATION OF LATE ITEMS

There were none.

3. CONFLICT AND/OR REGISTER OF INTERESTS

There were none.

4. MINUTES

4.1 MINUTES

It was recommended:

that the minutes of the previous meeting held on 3 November 2009 be confirmed as a true and correct record

4.2 RECOMMENDATIONS TO THE BOARD

It was noted that all recommendations contained in the minutes were approved by the Board.

4.3 MATTERS ARISING FROM THE MINUTES

There were none.

The Committee acknowledged that this was to be the last Community and Public Health Advisory Committee (CPHAC) meeting for Ian Wilson. The Committee thanked Ian for his support and contribution to the CPHAC Committee.

5. STRATEGY REPORTS

5.1 SCHOOL BASED HEALTH SERVICES

MidCentral DHB has sought a collaborative approach to the provision of this service, which receives a modest funding stream from the Ministry.

The programme is currently restricted to Decile 1 and 2 schools, however if the programme is evaluated as being successful there may be the opportunity to expand the service in the future.

It was recommended:

that this report be received

that the Board supports the proposal of using Health Care Development who have been selected to establish the School Based Health Service Delivery model

5.2 ACUTE DEMAND – THE DISTRICT HEALTH SERVICE

A background summary was provided as to the nature of this report. Acute demand is seen as a district-wide problem which requires a coordinated, district-wide solution which can only be achieved through a partnership approach involving all stakeholders. The essential requirements for success may be summarised as:

- broad-based clinical leadership, and
- district-wide service planning and organisation, avoiding the fragmentation induced by existing service structures

The Committee queried the timeframe with regard to achieving outcomes. It was advised that, with Board commitment, results would be expected after 10 years, however benefits will accrue almost immediately.

Management acknowledged that there has to be an entire shift in the way of thinking which requires widespread engagement and that this process needs to occur quickly.

The Committee asked whether Whanganui District Health Board had been approached as it is critical that clinicians are included early in the communication process. Management responded that the Acute Demand Management principles have formed the basis of discussions with Whanganui at different levels. The Committee's concern was noted but it was advised that at this stage there isn't widespread engagement with local clinicians.

The Committee encouraged the review team to specify its expectations from governance, together with engaging with stakeholders. Once support and endorsement is achieved then this proposal can be taken out for wider consultation.

A member queried the expected timeframe for the next Acute Demand report to be received. This has not yet been specified as it is dependent on further discussions made with management. It was considered that there needed to be flexibility around this process and that it was important that a timeframe was not imposed that would impede the natural flow of discussions. However, it was agreed that management will report back to the Committee in February with an indicative timeline for their reference.

A member expressed concern that this report proposed structural change as a solution which only addressed immediate needs and that this proposal is essentially placing more layers and costs into the system. Management responded that it is too early to determine this. The importance is currently around the models of care and principles, and the functionality supporting this.

Discussion followed and it was largely acknowledged that cultural change needs to occur in order to address fragmentation issues. A member commented that this could possibly be achieved by linking with the education sector.

It was concluded that the Committee supports this proposal at a high-level and that because this is an integrated district-wide service it will be important to obtain buy-in across the district. The approach needs to be strong and continuous.

It was recommended:

that this report be received

that stakeholders be engaged to obtain feedback on the concepts presented in the document

that a further paper be prepared to present options for achievement of the broad strategic objectives outlined in this document

that management provide an indicative timeline in February 2010

6. OPERATIONAL REPORTS

6.1 PRIMARY HEALTH CARE DAP 09/10 UPDATE 1

Management advised that this report largely focuses on the EOI national process, medicines initiatives, chronic care and maternity initiatives.

A member queried whether the number of consultations per patient for Chronic Care services was adequate. Management responded that the number of consultations reflects best practice and demonstrates positive clinical outcomes.

The Committee also commented on the EOI initiative and queried the role of the Committee in this respect, as well as querying what the future reporting process is likely to be. Management replied that the policy setting for business case phase is not yet settled between the Minister and the Ministry of Health. If there was to be a shift of resources that would impact upon MidCentral DHB then the Committee would be duly consulted.

It was recommended:

that this report be received

6.2 PRIMARY HEALTH UPDATE (DAP 12) – for information only

It was noted that Table 2: Length of Stay for Caesarean Sections (October 2009) refers to first time mothers only and does not correlate to Figure 1: Delivery Method 26 October – 8 November 2009.

It was recommended:

that this report be received

6.3 CHILD AND YOUTH HEALTH DAP 09/10 UPDATE 1

A member expressed concern at the low immunisation rates for MidCentral DHB and queried the fundamental reason behind this. Management replied that it is essentially an outreach issue, combined with 5-7% of the population who refuse immunisation. Another factor is that a percentage of the population is immunised but not within stated timeframes which is accordingly reflected in the overall coverage rates.

It was recommended:

that this report be received

6.4 CHILD AND YOUTH HEALTH UPDATE 1 – for information only

It was recommended:

that this report be received

6.5 HEALTH OF OLDER PERSON DAP 09/10 UPDATE 1

Ann Chapman declared her conflict for this item in respect of her daughter's employment at ACC. She remained but made no comment.

It was explained that the intention this year was to develop a comprehensive falls prevention strategy in conjunction with ACC. Latest announcements from ACC about funding cuts to their programme are a setback which means that MidCentral DHB now needs to re-evaluate the priority of this initiative.

A member then asked for an update on progress being made by the Nurse Practitioner placed in Tararua. Management responded that a collaborative approach has been taken with general practice and that it is progressing much better than anticipated. It is expected that a Nurse Practitioner will be placed in the Horowhenua region in due course.

It was recommended:

that this report be received

6.6 MENTAL HEALTH DAP 09/10 UPDATE 1

There have been some difficulties in attaining timely reports for the Multi Systemic Therapy Service Youth Alcohol and Drug service, for which an audit was undertaken mid 2009. Management is to review the audit outcomes accordingly and report back to the Committee at the February meeting.

It was recommended:

that this report be received

6.7 CHILD ADOLESCENT AND FAMILY SERVICES (CAFS) RECONFIGURATION AND SERVICE DEVELOPMENT PROJECT – *for information only*

Graeme Campbell left the meeting at 2.15pm.

It was recommended:

that this report be received

6.8 MAORI HEALTH DAP 09/10 UPDATE 1

Graeme Campbell returned to the meeting at 2.17pm.

Management advised that the Work Programme is essentially up to date and the Committee commented that it is pleasing to see progress being made.

It was recommended:

that this report be received

6.9 DAP 20 PROGRESS REPORT ON IMPLEMENTATION OF STRATEGIES TO IMPROVE MAORI HEALTH – *for information only*

The Committee noted that attendance rates for Maori (new patients) at Maori Outpatient Clinics were positive, especially in areas of Endoscopy, Gen Medicine and Renal Medicine.

It was recommended:

that this report be received

6.10 HEALTH PROMOTION UPDATE 1

A member commented that Tobacco Control is the main area of concern for Maori people. Management agreed and advised that a new smoking cessation initiative has been developed accordingly.

It was recommended:

that this report be received

6.11 SECONDARY CARE (INCLUDES ELECTIVE SERVICES) UPDATE – *for information only*

Management acknowledged there has been a lot of activity which has been targeted at continued improvement and efficiencies in this area.

Comment was also made that the Transient Ischemic Attack Decision Support Software model is very comprehensive and current feedback is that General Practice is finding it to be a useful tool. In terms of risk management purposes, the software programme ensures that people are not being referred onwards unnecessarily.

A member questioned whether the Internal Medicine Average Length Of Stay included time spent in the Medical Assessment and Planning Unit (MAPU). It was confirmed this was correct, however management advised that two thirds of those admitted to MAPU are discharged directly from the unit.

It was recommended:

that this report be received

6.12 WORKFORCE DEVELOPMENT STRATEGY – SIX MONTHLY UPDATE

It was advised that a lot of time and effort is placed into Workforce Development and that this is reflected in the thoroughness and detail of the report.

A member queried the practicality and sensibility of implementing staffing structure changes for the purpose of reducing current deficits. Management advised that the Workforce Development strategy extends beyond the scope of MidCentral Health and is regarded to be of a long-term and enduring nature. Current issues regarding staffing levels are considered to be short-term and necessary.

A member also queried whether MidCentral District Health Board would have any input into the makeup of the National Health Workforce Board. Management advised that it doesn't appear so, however the Future Workforce Group has frequent contact with the Ministry and represents the view of the DHB accordingly.

It was recommended:

that this report be received

6.13 NON-FINANCIAL PERFORMANCE INDICATOR REPORT INCLUDING HEALTH TARGETS AND CONFIRMATION REPORTING FOR QUARTER 1, 2009/10

It was confirmed that the National Health Targets set for Shorter Stays in Emergency Departments and Better Help for Smokers to Quit had only been partially achieved as these are new indicators and the Ministry's expectation is that these targets are fully achieved at a date later in the year.

It was recommended:

that this report be received

6.14 FUNDING DIVISION OPERATING REPORT – NOVEMBER 2009

Item 3.1.1 Audits

It was advised that management is unable to comment on audit activity at this time, however a final audit report will be released in due course.

Table 1: Cost of Hip Fracture

The Committee queried whether a business case had been prepared that looks to ongoing funding in lieu of ACC. Management advised that this was not a high priority at present.

3.6.1.3 ROI for being one of the three test sites for the productive community

It was confirmed that Health Care Development has been successful in applying to be one of the three pilot sites for the Ministry to implement this NHS based community productive series.

It was recommended:

that this report be received

6.15 FINANCE REPORT – NOVEMBER 2009

Management advised that the DHB is in a better position to determine income as the Provider arm is performing Elective Surgery ahead of YTD budget.

Comment was also made that the Funder's forecast of Pharmacy expenditure will be revised throughout the year.

Also, comment was made that the Funder had revised its forecast of NGO DSS expenditure based on existing expenditure trends, being an increase in home based supported services and changes in the mix of Age Residential Service from rest home to continued care.

Management reminded the Committee that the Financial Position Workshop would be held at the conclusion of this meeting.

It was recommended:

that this report be received

7. GOVERNANCE ISSUES

7.1 CENTRAL ALLIANCE

Ann Chapman left the meeting at 2.47pm.

Management advised there have been several small changes to the central Alliance Terms of Reference but that these changes are minor and are not considered to be significant.

Ann Chapman returned to the meeting at 2.50pm.

It was recommended:

that this report be received

7.2 2009/10 WORK PROGRAMME

There were no amendments to the 2009/10 Work Programme.

It was recommended:

that the updated work programme for 2009/10 be noted

8. LATE ITEMS

There were none.

9. DATE OF NEXT MEETING

2 February 2010

10. EXCLUSION OF PUBLIC

It was recommended:

that the public be excluded from Part 2 of this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Reference
"In Committee" Minutes of the Previous Meeting	For reasons stated in the previous agenda	

Meeting closed at 2.52pm

Confirmed Tuesday 2 February 2010

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Chairperson